

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

REQUEST TO RETAKE REGISTERED SANITARIAN EXAM

The Department of Regulation and Licensing regrets to inform you that you were unsuccessful on the Registration of Sanitarian Environmental Health Proficiency Examination. A minimum score of 70% is required for this exam.

You may apply to retake the examination by completing the lower portion of this form. Return this form along with the examination fees to the department by the deadline below. If we do not receive your request and fees to rewrite by the deadline, you will not be scheduled as a candidate for this examination. Information about future examinations and dates will be posted at <http://drl.wi.gov>.

EXAM SITES, DATES, DEADLINES

| | |
|---|--|
| Date: October 20, 2006 Location: Basement Conference Rms. 103/104 Portage Co. Health and Human Services Department The Ruth Gilfry Center 817 Whiting Ave. Stevens Point, WI 54481-5292 Time: 9:30 a.m. to 3:00 p.m. Deadline: August 20, 2006 | Date: October 17, 2006 Location: Basement Conference Room Milwaukee Health Department Northwest Health Center 7630 W. Mill Road Milwaukee, WI Time: 9:30 a.m. to 3:00 p.m. Deadline: August 17, 2006 |
|---|--|

REQUEST TO RETAKE EXAMINATION

(Please PRINT or TYPE)

EXAMINATION DATE _____

DEADLINE DATE _____

Name

Street/P.O. Box

City State Zip

Residence Phone Business Phone

MAKE CHECK PAYABLE TO: Department of Regulation and Licensing
MAIL TO: P.O. Box 8935
Madison, WI 53708

SIGNATURE: _____

DATE: _____

| | <u>EXAMINATION TO RETAKE</u> | <u>EXAM FEE</u> |
|--|---|----------------------------|
| <input checked="" type="checkbox"/> Registered Sanitarian | | \$142.00 |
| Site: _____ Milwaukee _____ Stevens Point | | |

For Receipting Use Only